



Health Information Exchange

VHIE Connectivity Criteria Sub-Committee Charter

Version <0.8>

REVISION HISTORY

Date	Version	Description	Author
4/6/2020	0.1	Initial Draft	Maresh T.
4/13/2020	0.2	Feedback from Carolyn S. incorporated.	Carolyn S./Maresh T.
5/4/2020	0.3	Feedback from Emily R. incorporated	Maresh T.
5/12/2020	0.4	Feedback from VITL incorporated	Carolyn S.
5/13/2020	0.5	Feedback from Emily R. incorporated	Maresh T.
5/14/2020	0.6	Feedback from Carolyn S. and Emily R. incorporated	Maresh T.
5/15/2020	0.7	Feedback from Emily R. incorporated. Answers to Emily's questions.	Maresh T.
5/15/2020	0.8	Added Appendix. Removed resolved comments. Accepted all changes.	Maresh T.

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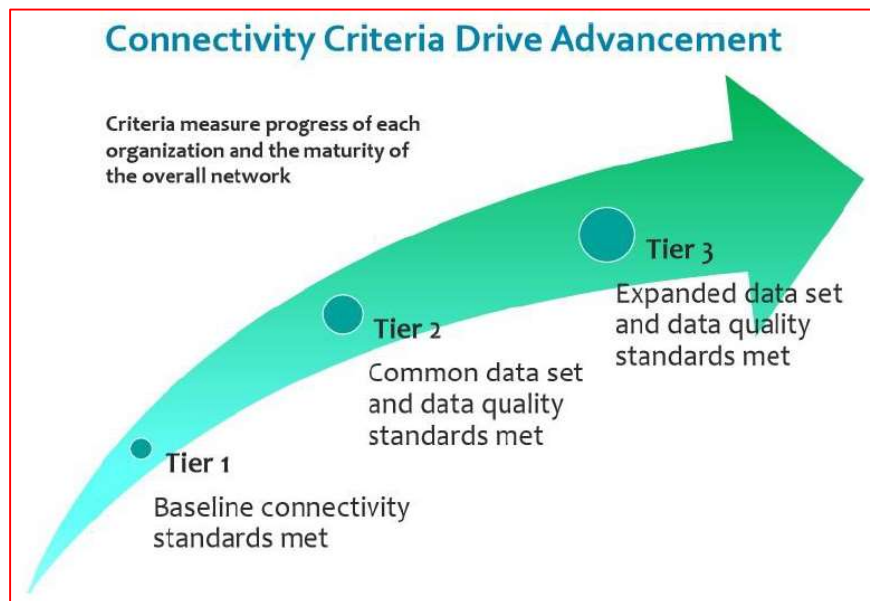
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BACKGROUND

“VHIE Connectivity” is a series of activities aimed at onboarding different data types to the Vermont Health Information Exchange (VHIE). The concept is that the VHIE can act as a central aggregator for health data including, but not limited to, clinical data from electronic health records, claims data, substance use, mental health data, and social determinants of health data. The data can then be made exchangeable across permitted users to advance point of care and care coordination activities, as well as population health/health program measurement and analysis.

The Connectivity Criteria is an essential component of the VHIE Connectivity work, as it enables Vermont data users to define the specific data elements that will be captured and exchanged through the VHIE. This definition can guarantee that end users receive the required data to support their needs (e.g., providing care or conducting population health analysis).

The Connectivity Criteria *[required under [18 V.S.A. § 9352 \(j\)\(2\)](#)]* establishes the standards for creating and maintaining connectivity to the State of Vermont’s Health Information Exchange network. An overarching clear framework expressed through the connectivity criteria will empower data sources and data receivers to confidently share meaningful data throughout Vermont and nationwide.



In 2019, the Connectivity Criteria for clinical data was updated through the work of an ad hoc sub-committee. This group was informally organized, but the work was very effective in achieving consensus and approval for the Connectivity Criteria update recommendations.

For 2020 and beyond, the HIE Steering Committee (SC) will consider formal adoption of this sub-committee candidate. [See [Health Information Exchange Strategic Plan 2019-2020 \(Version 3\)](#)]

STANDARDS

Connectivity Criteria is intended to build on currently established industry and federal standards and protocols to ensure that Vermont's data users can confidently use data managed through the VHIE. Currently the Connectivity criteria is aligned towards [US Core Data for Interoperability \(USCDI\) version 1 data set](#).

As part of the 21st Century Cures Act Final Rule (45 CFR Parts 170 and 171, RIN 0955-AA01), and building on efforts by the Office of the National Coordinator (ONC) for Health Information Technology, CMS's Interoperability and Patient Access Final Rule (CMS-9115-F) has identified HL7 FHIR Release 4.0.1 as the foundational standard to support data exchange via secure APIs and [US Core Data for Interoperability \(USCDI\) version 1 data set](#) for defining electronic health information (EHI).

PURPOSE OF THE VHIE CONNECTIVITY CRITERIA SUB-COMMITTEE

The purpose of the VHIE Connectivity Criteria Sub-Committee is to -

1. Annually refine/update the existing Connectivity Criteria to enable the Vermont Health Information Exchange to provide services that further the goals outlined in the statewide HIE Strategic Plan.
2. Establish Connectivity Criteria to enable aggregation and management of additional data types – beyond current clinical data – including social determinants of health (SDoH), claims, women's health, substance use and mental health data.

SCOPE

CONNECTIVITY CRITERIA DEVELOPMENT

1. VITL, in partnership with DVHA, will convene the Connectivity Criteria Sub-Committee as directed by the HIE Steering Committee, or at a minimum annually to refine/update the criteria as mandated.
2. Existing data type projects (ex: clinical data):
 - a. The sub-committee will review the current 'Clinical Data Set and Data Quality Standards', propose updates/recommendations to VITL.
 - b. Updates to the Connectivity Criteria are to be approved by the HIE Steering Committee for inclusion in the annual HIE Strategic Plan.
3. New data type projects (ex: SDoH, Claims, 42 CFR Part 2):
 - a. Membership for a data-type specific sub-committee will be propose by VITL to the HIE Steering Committee. The purpose and focus area of each sub-committee must be approved by the Steering Committee before they begin work in developing additions to the Connectivity Criteria.
 - b. The sub-committee may work with additional stakeholders and subject matter experts as required to create recommendations on these new data sets and standards and provide them to VITL.

ROLES AND RESPONSIBILITIES

VITL

- Propose sub-committee members and sub-committee annual objectives to the HIE Steering Committee for approval.

- Assess current standards specific to area of focus and present the sub-committee members with how standards impact the types and volume of data the VHIE may be able to manage. An example of these standards is the USCDI.
- Through meeting facilitation and materials development, enable sub-committee members to apply their subject-matter expertise to the discussion and provide feedback on each tier of the connectivity criteria.
- Annually, gain approval from the HIE Steering Committee on updates or modifications to the Connectivity Criteria.
- Develop materials that articulate the purpose and scope of Connectivity Criteria to be presented to the GMCB, included in the HIE Plan annually, and prepared for a general audience.
- Support conversations with end users to develop Tier III Connectivity Criteria standards specific to individual/organization needs.
- To be compliant with the standards mentioned in this document, VITL will review these standards and ensure that proposed criteria are in alignment with the standards and keep the committee apprised of any updates, changes or new applicable standards that could influence the Criteria in the future.

CONNECTIVITY CRITERIA SUB-COMMITTEE

- Create recommendations on Connectivity criteria for all data type projects in line with the standards as listed on this document.
- Participate in annual and new data type Connectivity criteria reviews and creation.
- Provide input for their programs and relevant data types into the process.
- Help VITL communicate the recommendations to the HIE Steering Committee

HIE STEERING COMMITTEE

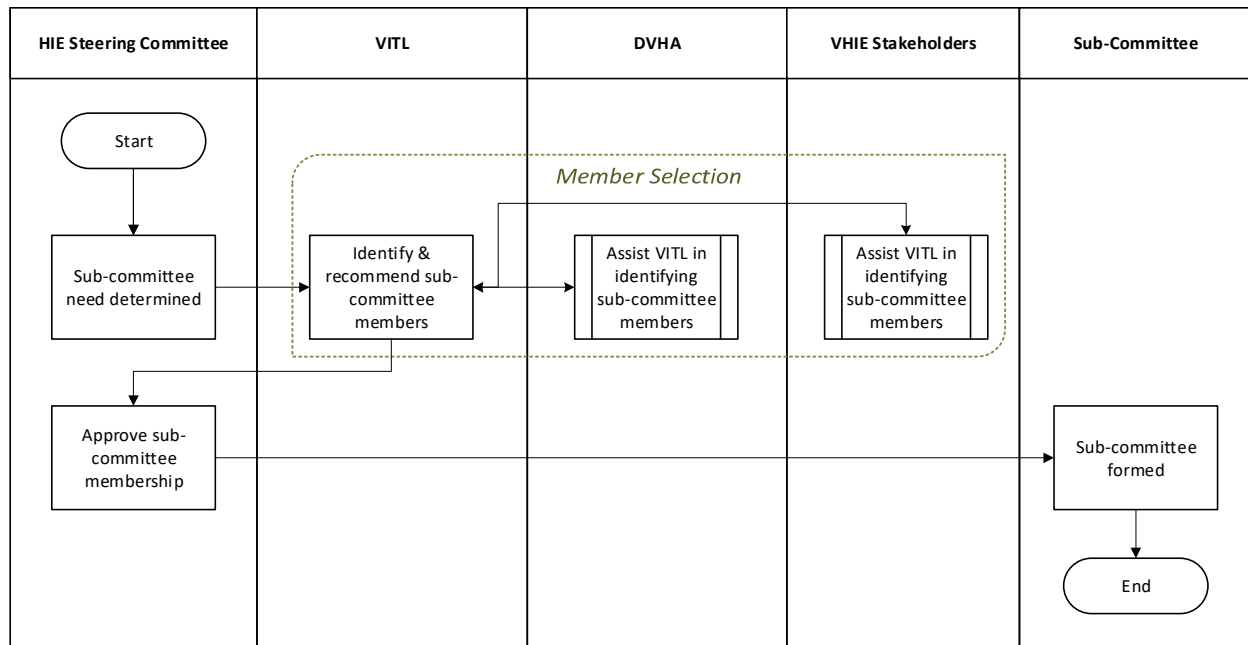
- Review and approve the Connectivity Criteria, including updates, yearly.

DVHA

- Incorporate the Connectivity Criteria, including updates, yearly into the HIE Plan for approval by GMCB.

SUB-COMMITTEE MEMBERSHIP

SUB-COMMITTEE MEMBER SELECTION PROCESS



Please refer to Appendix: A for proposed sub-committee membership.

TIMELINE

HIE STEERING COMMITTEE

- **June 2020**
 - Review and approve Connectivity Criteria Subcommittee Charter.
- **July 2020 to Dec 2020**
 - Determine next priority data type for subcommittee to focus on (Claims or SDoH).
- **September 2020**
 - Review and Approve Connectivity Criteria for inclusion into the HIE Plan.

CONNECTIVITY CRITERIA SUBCOMMITTEE

- **Present to June 2020**
 - Create Tier 2 Connectivity Criteria for the Designated Agencies (DA) data set involving Substance Use Disorder (SUD) data.
 - Develop Connectivity Criteria Subcommittee Charter and submit to HIE SC.
- **July 2020 to Fall 2020**
 - Review/update the existing Clinical (Physical Health) Connectivity Criteria for Tier 2 & 3
 - This group will need to stay focused on the current Tier 2/3 model this year with small adjustments as required.

Please NOTE: Shift in terminology from the existing 'Clinical' Connectivity Criteria to 'Physical Health' Connectivity Criteria is required since we are starting work with other data types like DA (SUD) data which is also 'Clinical'.

- **September 2020**
 - Support presentation of annual Connectivity Criteria updates to HIE SC for review and approval (Physical and DA data types).
- **Early 2021 to June 2021**
 - Review and incorporate planning for FHIR interfaces into this round of criteria definition and update the connectivity model as needed.
 - Create/define criteria for next priority data type (Claims or SDoH) once determined by HIE SC.
 - Reach out to any new groups needed for new data types and determine the individuals from the new and existing member groups who will best be able to speak to this new data type.
- **July 2021 to Fall 2021**
 - Create/define criteria for second priority data type once determined by HIE SC.
 - Reach out to any new groups needed for new data types and determine the individuals from the new and existing member groups who will best be able to speak to this new data type.
 - Review/update the existing Physical Health Criteria for Tier 2 & 3 to align with new connectivity model.
 - Review/update the existing Designated Agency Criteria for Tier 2 and creation of Tier 3 criteria after usage to align with new model.
 - Review/update charter document.
- **Oct 2021**
 - Support presentation of annual Connectivity Criteria package to HIE SC for review and approval (Physical, DA, Claims, and SDoH data types)

VITL

- **July to December 2020**
 - Identify any additional member groups that should be included in the process for new data types (Claims & SDoH).
- **October 2020**
 - Present annual Connectivity Criteria package to HIE SC for review and approval (Physical and DA data types).
- **November 2020**
 - Incorporate into HIE Plan for GMCB.
- **Fall 2020 to Early 2021**
 - VITL will start to develop plans for how to adjust the model for FHIR APIs once we know more about how MedicaSoft utilizes the FHIR standards and their true capabilities.
- **October 2021**
 - Present annual Connectivity Criteria package to HIE SC for review and approval (Physical, DA, Claims, and SDoH data types)
- **November 2021**
 - Work with DVHA to Incorporate Connectivity Criteria update into HIE Plan for GMCB's review and approval.

APPROVALS

Name	Organization/Team/Role	Signature	Date
HIE Steering Committee	HIE Strategy and HIE Plan Approval		

APPENDIX: A

Proposed sub-committee membership organization/team

Organization/Team	Reason for Selection
VITL	Operate, maintain, and enhance the VHIE. Lead Connectivity Criteria Sub-Committee.
OneCare Vermont	Total cost of care and health outcomes for risk population via contracts with DVHA, Medicare, and Commercial payers. VHIE Data Recipient.
Blueprint (DVHA)	Practice level health care reform and evaluation. VHIE Data Recipient.
Vermont Care Partners	Mental health, substance use, and developmental disability services.
Vermont Department of Health (VDH)	Public health registries. VHIE Data Recipient.
Green Mountain Care Board (GMCB)	Approval of the strategic HIE Plan, & Budget.
Vermont Chronic Care Initiative	Holistic, intensive, and short-term case management services to Vermont's most vulnerable members. VHIE Data Recipient.
Bi-State Primary Care Association	Represent Community Health Centers in NH and VT.
HIE Program Team (DVHA)	HIE Program operations, oversight, and facilitation.
Other groups as defined by new data types	As new data types are brought onboard, this group might need to be expanded to find experts in the new data types, like Claims for example.